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1	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the eral director,	/55	1
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		1024	6	CERT	IFIC.	ATE O	F DEAT	Н			Reg. D	ist. No		200
1.	PLACE OF DEATH	rd County		MARY	rland	2. USUAI o. STA		vhere deced	sed lived	f. If institution b. COUNTY	oni Reside		re odmiss Ltimo	
	b. CITY OR TOWN (IF RURAL ond give ned Ellicott	orest town)	ls, write	c. LENGTH OF STAY	IN 1b	c. CIT	OR TOWN (IF	outside cor	porote li	imits, write R	URAL and	give ner	arest town	1)
	d. NAME OF HOSPITA	L (If not in hospitol, g chaffer's	Conv	ralescent	Rét	d. STI reat	REET ADDRESS	37 Jos	in .	Ave				FARM?
	NAME OF DECEASED (Type or print)	Fire I (da	Middle		В	lost ennett	4. DATE OF DEAT	тн		embe		L	Year 1958
	sex Female	6. COLOR OR RACE White	WIDOWE		D 🔲	B. DATE OF	1878		80	GE (In years st birthday) yrs.	Months	Days	Hours	Min.
	during most of worki Housekee		done 10b.	Home	OR INDU		Maryla	and	country)	12. C		S,A.	COUNTRY
		iam Benne					Sarah I		1					
	WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give war or dates of se	ervicel	social security no		ward	J. Smit	th, 1	737	Joan		ue		
	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	nmediate (B	e for (a), (b), and (c)	10	que		- Que				INT	ERVAL BE	DEATH
CERTIFICATION		ER SIGNIFICANT CON		ONTRIBUTING TO DE							EN IN PA	RT 1(o)	PERFC	AUTOPSY ORMED?
MEDICAL CERTI	20c. TIME OF INJURY	CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yea	or 20d. It	NJURY OCCURRED	20e. Pl	LACE OF IN	JURY (Home, for, office bldg., e	rm, 20f. (C				(County)		(State)
MEDI	Hour a. m. p. m. 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of I attended the Leght Zo.	19 I		<u>~~</u>	<u>t</u> , 19	5-7, to	Lyst M. fr	am the	L, 19d Te causes of city or town,	and an		ite state	
22	BURIAL CREMATION REMOVAL (Specify)	9-24-5	^	Morela				22d. LOG		(City, town,	or county)		(Stot	le)
	FUNERAL DIRECTOR'S		, In	ADDRESS 6009	Hari	ford I		C'D BY REG EP 2 9	'58	24b. REGI	STRAR'S S			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

		1460	-							Keg. Dis	1, 140.		
o. COU	of DEATH			MAR	YLAND	2. USUAL RESI		here deceased	lived. If instituti b. COUNTY	ion: Residenc	ce before	odmissi	on)
RUR	OR TOWN (If AL ond give ne .icott	outside corporate lim grest town) ity	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Philadelphia						3	
ORI	NSTITUTION	AL (If not in hospitel, of Convales				d. STREET		Camac					DENCE FARM? NO TK
3. NAME DECEA: (Type o	SED	MARTHA Fi		Middle EMAN	e	Los	st.	4. DATE OF DEATH	Sept.		8 Day		eor
5. SEX Fen	ale	6. COLOR OR RACE White	7. MARE	NEVER MARRI		3-12-18			9. AGE (In years lost birthdoy) 86 yrs.	IF UNDER	I YEAR I		
auring	L OCCUPATIO most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDUST	RY 11. BIRTHPI	-	or foreign co		12. CITI	ZEN OF	WHAT	COUNTRY
13. FATHER	S'S NAME					14. MOTHER'S	MAIDEN I	NAME					
		Coleman					enina	J.Jor					
(Yes, no. or s		IN U. S. ARMED FOR		SOCIAL SECURITY NO		ORMANT			Add				
lin o	No			one		s Edith	V.Co	olemen,	Philade]	lphia,	Pa		
18. 0		H WAS CAUSED BY:	/	rebrail	9	Krone	los	is				VAL BET	DEATH
gove	ditions, if on the rise to in the (o), stoting t	mediate (ar	tericles	ofe	Card	io va	reula	disea	se	10	04	n.
	couse lost.) (c											
ICATION			DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART		WAS A PERFOR YES [SWEDS
O (IL FII	CCIDENT WAS ONTRIBUTING HER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter noture a	f injury in	Port I or Part	ll of item 1B.)				
	ME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. It While of worl	Not while of work	20e. PLAC focto	E OF INJURY (ry, street, office	Home, form bldg., etc	n, 20f. (City	or town)	(Co	ounty)		(Stote)
alive ACTUA SIGNA PHYSIA	an 2	Thomas F.	19		M.	nccurred at			the causes coeff, city or town,			state	
REMO	L, CREMATION VAL (Specify)	Sent 1	1958	22c. NAME OF CEM		CREMATORY			ON (City, town, o			(Stote)	
23. FUNER	AL DIRECTOR'S	signature thom, Ellic		ADDRESS	-		240. REC'	D BY REGISTE	AR 24b. REGIS	STRAR'S SIGN		ι	

VS A15 (4) 15M 9/5S

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81. ** (q18.5)	Survice a district				
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VS. A15ME 5M 2/57

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Item 206,4 d. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Film 249, 10113159- AMS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

100/0	Reg. Dist. No.
I. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Howard	MARYLAND O. STATE B. COUNTY
b. CITY OR TOWN (# outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Harwold (Elkridge P.O.)	Baltimore 16 3 V 5/- 4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street a	ddress) Rt d. STREET ADDRESS e. IS RESIDENCE
Rt.1 12 mile south of intersection	n 477 SWXWXXXXXXXX ROAD
NAME OF First Midd DECEASED (Type or print) GEORGE CHARLES FLO	OF DEATH
SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED 1 . DATE OF BIRTH 9. AGE (In years IF UNDER 14 EAR IF UNDER 24 HR
Male White WAR Kloker	
00. USUAL OCCUPATION (Give kind of work one one of the kind of work one during most of working life, even if retired) Sheet Metal Worker	TOR INDUSTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR 13. BIRTHPLACE (State or foreign country)
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Floros	Broary
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY Yes, no. of unknown) { fl yes, give war or dates of service	
Yes 216-26-759	7 Mrs. George Floros, Baltimore, Md
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	acture of skull Instant
830X DUE TO	1110 06110
Conditions, if ony, which) (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY
	PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I	CCURRED. (Enter noture of injury in Port I or Port II of item 18.)
A LANGUAGUE SUC.	nding at gas pump struck by swerving car
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o. m. While While of work of work	Gas station Harwood Howard Md
21. I certify that I took charge of the remains descr	
opinion deoth resulted fram: Natural causes . A	ccident 🔼, Suicide 🔝, Hamicide 🔝, Undetermined manner
SIGNATURE Gronge & Burg Topp	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) George E. Burgtorf M. D.	DEPUTY MEDICAL EXAMINER 10 9-20-58
	MEJERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	440 E- 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Lambros funeral Home In	(Worth AprisEP 2 4 '58 arily S. Thans.

has determined by the best to be the service of the und anterenty of various cold magniful actions at 177 The state of the second of the MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		Tobic L. 49 U.			

CERTIFICATE OF DEATH

10240

	1000						Reg. Dist	, No.	
1. PLACE OF DEATH			2. USUAL RESID	DENCE (WI	nere deceased	lived. If instituti		before admis	isian)
	ward	MARYLAND	0. 31412	Mary	land	b. COUNTY	Baltin	nore	V
b. CITY OR TOWN ((If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	OWN (IF	outside corpor	ate limits, write R	URAL and giv	re nearest low	m)
Ellicott	<i>a</i>	3 mos	Fulle	erton	, Md.		03×	- 2	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give stree	et address)	d. STREET A	DDRESS				e. IS RE	SIDENCE
	or Manor Hosp	ital	Cr	oss F	Road		F-79.		NO A
3. NAME OF DECEASED	First	Middle	Las	1	4. DATE	Man		Day	Yeor
(Type or print)	Carol	ine C.	Scho	tt	DEATH	Sept 2	26		19 5
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	1		9. AGE (In years	The state of the s	YEAR IF UND	7
Female	White wood	WED DIVORCED	10/22/	89		last birthday) ors.	Months D	ays Haurs	Min.
00. USUAL OCCUPATI	ON (Give kind of work done 10	L KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State	or foreign co	untry)	12. CITIZ	EN OF WHA	COUNTR
	king life, even if retired) OUSEWITE	At Home	Full	lerto	n, Md		U	.S.	
13. FATHER'S NAME		200 11040	14. MOTHER'S						
	Oh 7 0-1								
15. WAS DECEASED EVI	Charles Sch		INFORMANT	rtha	Stett1	Add	ress		
(Yes, no. or unknown)	(If yes, give war or dates of service)			4 P.	207				
NO CAUSE OF DE	ATH [Enter only one cause ger		hn Schot	C BC	X SOT	Cross Ro	1.	LINITERIAL D	
	ATH WAS CAUSED BY:	110 CC 10 01 4	I Anil	1,,00	3			ONSET AND	
11014	IMMEDIATE CAUSE (0)	gocanain	1900	will				100	245
4-111	DUE TO	1							-/
Canditians, if a									
cause (a), stating		Beach		1	11-	. 64. 0.	10	70	
lying cause lost.	. (4)	commo pne	unonle	ax	els	upper se	rur	1 Che	y.
PART II. OT ARCINCO S. 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THETERM	INALIDISEASE	DONDITION GIV	EN IN PART I	(a) 19. WAS	ANTOPSY ORMED?
3 ARlenos	clonogie cent	· Chrome brain	Syndro	me c	Delica	10515,00	ribute] NO [
20g. ACCIDENT W	AS UNDERLYING 20b. DI	SCRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in	Part I or Part	Il of item 18.)			
	MEDICAL EXAMINER)								
			ACE OF INJURY	Home, farm	20f. (City	ar town)	(Co	unty)	(State)
Havr a.m.	19 Whi	le Nat while ork at wark	ctary, street, affice	blag., etc	-7				
	hat I attended the deced	sed from June	1958	to S	ept 26	1058	41 4 1 1		
alive an Se		58 , and that death	/ '/	.,		1/2	,tnot 1 lo	st saw the	decease
alive an	F	, and that death	accurred at			the causes of th			ed abay
ACTUAL	n/10 100 1	1000100	marri o				sidiej		
SIGNATURE	Julian Cre 1	1 Kyres	M.D. Taylo	r Ma.	dor ne	spital		9/2	6/58
PHYSICIAN'S NAME (Type)	Stephen Lee	Magness, M.D.	Tayoor	Mano	r Hosp	,Ellico	tt Cit	y, Md	•
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY		22d. LOCAT	ION (City, town, o	ar caunty)	(Sto	te)
BUT 131	9-29-1958	St. Jose	ph's		Bellai	r Rd. F	ullert	on. Md	
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		240. REG	BAY REGIST	RAR 246. REGIS	STRAR'S SIGN	NATURE	
0 . 1	1. 1.1	7. 01	01	U	1 1 5	00 0	rthung &	Traus	

eral directar. be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 R: After this certificate has been signed by the attending physician and campletely filled in by the cache for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 show burial, cremation, ar remaval, and in any event within 72-hours after death. the registrar prior to burial, cremation, ar remaval, and in any may be retained by the haspital or attending physician.

TO FUNERAL DIREC. R. After this certificate has been signage 3 should be vecached for use as the burial-transit

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AND ADDRESSED TO THE PARTY OF T THE LU AND BEET . PA . T. THE PLACES AND THE PROPERTY OF THE PARTY OF PERSONAL PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10241

FOR STATE
HEALTH DEPT.

PLACE OF DEATH

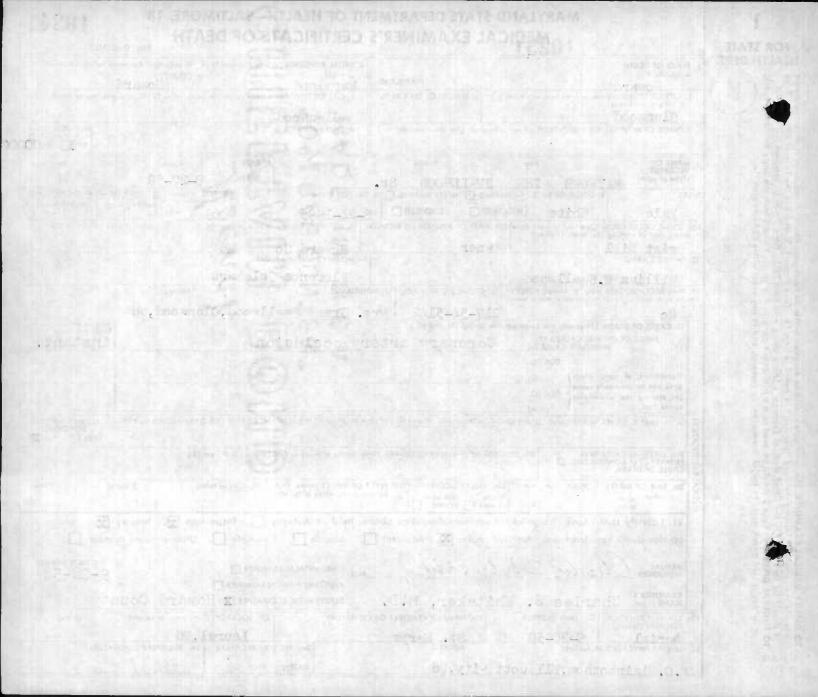
1 0 MEDICAL EXAMINER'S CE

Rea Dist No.

	- Uhre						wan. Di	31. 110.	
PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where decea	sed lived. If institution b. COUN		nce befo	re odmission)
Howard			MARYLAN	Maryland	1		Howard	1	
and give nearest town		e RURAL	c. LENGTH OF STAY IN 11	c. CITY OR TOV	VN (If outside cor	porote limits, writ	e RURAL ond	give ne	orest lown)
GLenwood				X Glenwo	ood				
d. NAME OF HOSPIT	AL OR INSTITUTION	(If not in hosp	oitol, give street oddress)	d STREET ADDR	PESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	AYMOND L		MALLWOOD ST	Lost	4. DATE OF DEATH	Mon 9-27-		Doy	Yeor 19
S. SEX	6. COLOR OR RACE		NEVER MARRIED			9. AGE (In years	IF UNDER	IYEAR	IF UNDER 24 HRS.
Male	White	WIDOWED	dh.	8-24-1895		lost birthday) 63 yrs.		Days	Hours Min.
100. USUAL OCCUPATIO	ON (Give kind of work	done 10b. KI	IND OF BUSINESS OR INDL		(State or fareign a	Hell	-	ZEN OF	WHAT COUNTRY
	ng life, even if retired)								
Grist Mil		OWT	ner	Howard 14. MOTHER'S MAIL		Md			
		17.							
	W.Smallwoo				ca Igleha	art			
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Addres	4		
	, , , ,		7-34-5142	irs. Irene S	Smallwoo	Glenway	od . Wd		
18. CAUSE OF DEA	TH [Enler only one ca			mas Trene	JIIICALA II OVA	1 JULUINIO	ou prou	INTERV	AL BETWEEN
	TH WAS CAUSED BY							ONSET	AND DEATH
1420.1	IMMEDIATE CAUSE (o		oronary art	ery occiu	ISION			In	stant.
Conditions, if o									
gove rise to imme	diole couse								
(o), stoting the	underlying DUE TO								
couse fost.) (c	*						1	
PART II, OII	HER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH 80"	I NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION G	IVEN IN PART		PERFORMED?
PART II. OTI	NTRIBUTING 🗆	Ob. DESCRIBE	HOW INJURY OCCURRED.	(Enler noture of injury i	in Port I or Part II	of item 18.)			
20c. TIME OF INJU	RY Month, Doy, Ye	While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home actory, street, office bldg	form, 20f. (City	y or lown)	(Cou	inly)	(Stote)
21. I certify t	hat I taak charae	e of the re	emains described at	gave, held an Au	tapsy []. I	nspection [w	, Inquir	v 🖼	and in my
apinian aeath	resurred fram:	Natural C	auses X, Accident	, Suicide], Hamicide	Under	ermined n	nanner	
ACTUAL /	1/10	11	~2.1		9 11 3 1 1				DATE SIGNED
SIGNATURE_	horles S	win	M'enes	M.D.	CAL EXAMINER			9-	28-58
EVAMINITATE					MEDICAL EXAMINE	R 🗍			
EXAMINER'S NAME (Type)	harles S	. Whi	taker, M.D.	DEPUTY MED	ICAL EXAMINER	* Howar	d Cou	nty	
220. BURIAL, CREMATIC REMOVAL (Specify	N. 22b. DATE THERE		22c. NAME OF CEMETERY	100000	22d. LOCA	TION (City, lown,			(Slote)
Burial	9-30-58	}	St. Marys			urel, Md			
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	240.	REC'D BY REGIST	RAR 24b. REG	ISTRAR'S SIG	NATURE	£
r C Uicini	bothom.Elli	cott.	itv.Md	DA	ISEP 3 0 '5	8 0	ILun 8 4	4 .	
CALLATILE LAL	to the state of the second of the second		THE WALL THE STREET	.1	. 14 (4 1 15.4	and . 1 1 1 1 1 1			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forw, 10 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, priar to burial, cremation, ar remaval, and in any event within 72 hours after death. VS. AISME 5M 2/S7



21.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
DA	10252 CERTIFICATE OF DEATH Reg. Dist. No. 195
director, Filed with	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY
deoth	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) And the state of the st
in by the and 2 sho	d. NAME OF HOSPITAL (H Pool in haspital, give street address) OR INSTITUTION ON A FARM? YES \(\sigma \) NO \(\sigma \)
ithin 24 ho ely filled ir Pages 1 au	NAME OF DECEASED (Type or print) Name OF DeceaseD (Type or print) A DATE Month Day Year DEATH September 3 0 1957
3 4	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED PATE OF BIRTH WIDOWED DIVORCED DIVORCED DIVORCED Manuary 8, 1880 Tyrs. 9. AGF (in years life UNDER 1 YEAR IF UNDER 24 HRS.) Manths Days Hours Min.
and cample bon papers.	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY What Country What Country What Country What Country
icate be ysician a ove carbo urs after	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknamn
th certif	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ver. 10. or unknown) (If yes, give wor or dotes of service) 2/3-0/270 May Laward Teal Sange The
the dea nen plea	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET 4ND DEATH MALENTAL MAL
es that sed by the rmit. The any even	Conditions, if ony, which gove rise to immediate (b) typertensive Cardio-Vas Disease 2 yrs
requir	couse (o), stoting the under- lying cause last. (c)
The law g physical has be uriol-tra	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
clan: trendin tificate s the b	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSI ital or a this cer bruse a or use a	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at wark 1 / 19 A wark 1 / 19 While Not wark 1 / 19 A w
he hosping After After School, o	21. I certify that I attended the deceased fram 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,
OR ATT	ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, state) Date SIGNATURE M.D.
TAL AL AL rar	PHYSICIAN'S Frank E. Shibley, M.D. Savage, Mul.
may be roof Fundament of Fundam	Co. BURIAL, CREMATION, 12b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 12b. LOCATION (City, Igwn, or country) (State) SELVICE OF THE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 12b. LOCATION (City, Igwn, or country) (State) SELVICE OF THE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 12b. LOCATION (City, Igwn, or country) (State)
VS A1S (4) 15M 10/S7	CeNitt Canaldian faired Med Date OCT 6 '58 240. REGISTRAR'S SIGNATURE DATE OCT 6 '58

HEARD ROUTE		
		interverbucking

	3.0%	49	CERTIFIC	AII	E OF DEAT	П		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Howard			MARYLANI		USUAL RESIDENCE (W o. STATE [aryland	here deceased	lived. If instituti b. COUNTY		nce befo		tion)
b. CITY OR TOWN (RURAL ond give no Clarksvi.)		its, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (IF		ote limits, write R	URAL ond	give nee	arest town	1)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Rt. 32				1	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO D	
3. NAME OF DECEASED (Type or print)	WALTER	B.	Middle WALLICH		Lost	4. DATE OF DEATH	Mon 9-27-51	-	Do	,	Year
5. SEX Male	6. COLOR OR RACE White	WIDOW		8-	10-1878	BE S	9. AGE (In years lost birthday) 80 yrs.	IF UNDE Months	R 1 YEAR Days	Haurs	ER 24 HR
10o. USUAL OCCUPATION during most of work Retired	ON (Give kind of work king life, even if retired	" _	kind of Business or ini	DUSTRY	11. BIRTHPLACE (Stole Fulton		untry)	12. C	TIZEN C	F WHAT	COUNT
13. FATHER'S NAME Winfte	ld Wallich			14	. MOTHER'S MAIDEN	NAME impson					
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of			IORNI .			Add arks vill				
Conditions, if a gove rise to i couse (a), stating lying cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (comp, which mediate the under-))))			ry occlus				in	erval be set and 18ta:	nt.
Z	AS UNDERLYING C		CONTRIBUTING TO DEATH B					EN IN PA	RT 1(a) 1	PERFO YES	RMED?
(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER)	ar 20d. If White at war	Not while	PLACE (foctory,	OF INJURY IHome, farr street, affice bldg., etc	m, 20f. (City	or town)		County)		(State
21. I certify the alive on	oat I attended the 9-24- Charles Charle	5 h	ed fram 5-19- 58, and that dea Whitaker.	th acc _M.D.	Cla	AM, fram	eet, city ar town.	ind on 1 state)	last so he da	te state	deceased aba
220. BURIAL, CREMATIO REMOVAL (Specify)	0 30 58)F	22c. NAME OF CEMETERY Mt Zion			22d. LOCATI	ON (City, town, o	or county)		(State	e)
23. FUNERAL DIRECTOR	s signature inbothom, E	llico	ADDRESS ott City, Md		24a. REC	SEP 3 0		TRAR'S SI	- /		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTAR: After this certificate has been signed by the attending physician and completely filled in by the eral director, page 3 should be reached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/SS

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HEAD TO SERVICE OF DEATH . SITE Delega DT-2 COAtt

BUNEVE STORETE, TELECORE L. ...

CERTIFICATE OF DEATH ilmG234 9-30-58 Rea. Dist. N Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY b. COUNTY Howard Maryland b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Ellicott City Raltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2132 E. Oliver St. Shaffers Nursing Home YES NO I puo 2 NAME OF First Middle 4. DATE Month Year DECEASED filled Sept. 13,1958 WILHELM Pages (Type or print) WALTER DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last bythday) 5. SEX B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. wijnkaown Manths Male White DIVORCED T June 1,1879 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 72 hours Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Records Shaffers Nursing Home, Ellicott ity, Md 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Occlusion acute DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) Hour 0. m Not while of work of wark 21. I certify that I attended the deceased from Jan 1 ______, 19 57, ta Dept- 13 _____, 19 58, that I last saw the deceased , and that death occurred at 6 4 M, from the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE winey & Though VS A15 (4) 15M 9/55 Higgenbotham Funeral Home, Ellicott City

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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